

# WEIDE & MILLER, Ltd.

PATENT, TRADEMARK, COPYRIGHT & TRADE SECRET MATTERS



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REGISTERED PATENT ATTORNEY  
LICENSED IN CALIFORNIA & NEVADA

November 7, 2006

ATTORNEY-CLIENT AND/OR WORK PRODUCT PRIVILEGED COMMUNICATION

This communication is protected by the attorney-client and/or the work product privilege and should be treated in a confidential manner. Any disclosure to other than key management personnel on a need-to-know basis may jeopardize the privilege and require disclosure to adverse parties in litigation.

Dr. Todd Swanson  
14 Promontory Ridge Drive  
Las Vegas, NV 89135-1671

Re: U.S. Patent Application Serial No.: 10/721,820  
Title: METHOD AND APPARATUS FOR TREATING SUPRACONDYLAR  
FRACTURES OF THE FEMUR (Continuation Application)  
Our Reference No.: SWANS.0003P

Dear Todd:

Enclosed is a copy of a Response to Office Action and Terminal Disclaimer I filed on your behalf with the U.S. Patent and Trademark Office with respect to the above-referenced patent application. I would next expect to receive a Notice of Allowance of the application.

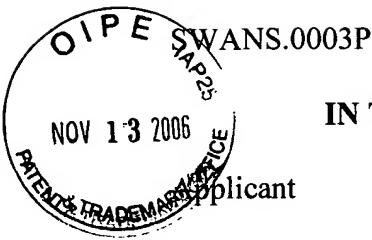
In the meantime, please do not hesitate to call me if you have any questions.

Very truly yours,

R. Scott Weide

Enclosure

*TJW*



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	:	Todd V. Swanson	)	Group Art Unit: 3733
Appl. No.	:	10/721,820	)	
Filed	:	November 24, 2003	)	
For	:	METHOD AND APPARATUS FOR TREATING SUPRACONDYLAR FRACTURES OF THE FEMUR	)	I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:
Examiner	:	Pedro Philogene	)	November 7, 2006 <i>R. Scott Weide</i> (Date) R. Scott Weide (Reg. No. 37,755)

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TRANSMITTAL

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is:

- (X) A Response to Office Action in 5 pages;
- (X) A Terminal Disclaimer in 2 pages and check in the amount of \$65.00; and
- (X) A return prepaid postcard.

FEE CALCULATION

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims 8	- 20 =	0	x \$ 50	= \$0
Independent Claims 7	- 3 =	0	x \$200	= \$0
If application contains any multiple dependent claim(s), then add		\$360		\$0
			TOTAL	\$0
			REDUCTION BY ½ FOR FILING BY A SMALL ENTITY	\$0
			<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>	<b>\$0</b>

**Appl. No.** : 10/721,820  
**Filed** : November 24, 2003

**(X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No.: 502200. A duplicate copy of this sheet is enclosed.**

Respectfully submitted,

Dated: November 7, 2004 By: R. Scott Weide

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